

TRAC Adult CDP Crosswalk

TRAC Section and Question Number	TRAC Question	CDP DCI Section and Question Number & Page number	CDP DCI Question	TRAC Data Entry Guidance
Record Management		Section A1: Record Management		
	Consumer ID	Page - 1	Client ID	Enter CDP DCI Client ID in TRAC Consumer ID field
	Grant ID	Page -1	Contract/Grant ID	Confirm that the CDP Contract/Grant ID matches the prefilled TRAC Grant ID field
	Site ID	Page - 1	Site ID	Select appropriate Site ID from drop down in TRAC system, if applicable.
1	<p>Indicate Assessment Type</p> <p>Baseline <i>[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR <u>THIS</u> EPISODE OF CARE.]</i></p> <p>Reassessment Which 6-month reassessment?</p> <p>Clinical Discharge</p>	Section A1 Question 1 Page - 1	Interview Type	<ul style="list-style-type: none"> • Select the Add Baseline, Reassessment, or Discharge Assessment Type in TRAC that corresponds with the CDP DCI Interview Type. • For Baseline, enter the Month and Year of the Baseline Interview in TRAC for “When the consumer first received services.” • For Reassessment confirm the drop down shows the correct month of the reassessment, for example 6, 12, 18 etc. • For Discharge, if Client completed services or

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				Administrative Discharge was selected on the CDP DCI select Discharge in TRAC.
2	Was the interview conducted?	Section A1 Question 2a Page - 1	Was the interview conducted?	<ul style="list-style-type: none"> Enter the response selected on the CDP tool, either Yes or No. If Admin Discharge was selected on CDP select No for was interview conducted.
2	Yes, When? No, Why not? Choose only one.	Section A1 Question 2b Page -1	If an interview was conducted, when did it take place?	<ul style="list-style-type: none"> If the interview was conducted, enter the date of the Interview in the “When” field in TRAC. If the interview wasn’t conducted, select “Consumer was not reached for interview” for why not. If Admin Discharge was selected on CDP enter Consumer was not reached for interview for why not.
Section A Demographics		Section A3: Demographics		
A1	What is your gender?	Section A3 Question 5 Page -5	What is your gender?	<ul style="list-style-type: none"> Enter the response from CDP DCI question 5 for Question A1 in TRAC. For CDP DCI response, Different Identity, select Other (specify) in TRAC and enter the CDP DCI text that

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				was specified.
A2	Are you Hispanic or Latino?	Section A3 Question 2 Page - 4	Are you Hispanic, Latino/a, or Spanish origin?	<ul style="list-style-type: none"> If any “Yes” response is selected for A3 2 in the CDP DCI Tool, select “Yes” for A2 in TRAC. If No is the response for CDP DCI A3 2, select “No” for A2 in TRAC.
	<i>[IF YES]</i> What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.	Page - 4		<ul style="list-style-type: none"> If yes, was answered for CDP DCI A3 Question 2, select yes for the corresponding ethnic group in TRAC.
A3	What race do you consider yourself?	Section A3 Question 3 PAGE - 4	What is your race?	<ul style="list-style-type: none"> For each race selected for Question 3 on the CDP DCI, select “Yes” for question A3 in TRAC. Please see Appendix B for specific response coding.
A4	What is your month and year of birth?	Section A3 Question 1 Page - 4	What is your date of birth? (MONTH AND YEAR MUST BE ENTERED. DAY IS OPTIONAL)	Enter the Month and Year of the DOB from the CDP DCI.
A5	Which one of the following do you consider yourself to be?	Section A3 Question 6 Page- 5	Which one of the following do you consider yourself to be?	Enter the CDP DCI response from Question 6 in question A5 in TRAC.
Section B Functioning		Section F1 Mental and Physical Health		

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B1	How would you rate your overall health right now?	Section F1 Question 1 Page – 16	How would you rate your overall health right now?	<p>Enter the CDP response to question 1 in Section F for question 1 in Section B in TRAC.</p> <p>If the CDP DCI has different choices then TRAC use the below mapping. DCI response is in black and TRAC response is in red.</p> <p>Very Good (Very Good) Good (Good) Not good or poor (Fair) Poor (Poor) Very Poor (Poor) Declined (Refused) Don't Know/ Information not available (Don't know)</p>
B2	In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life <u>during the past 30 days</u> . Please indicate your disagreement/agreement with each of the following statements.	Section F1 Question 2 Page – 16 to 19	In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following 12 statements (2a-2l).	
B2a	I deal effectively with daily problems.	Section F1 Question 2c Page -16	I deal effectively with daily problems.	Enter the CDP DCI response for question 2c of Section F for question 2a in Section B in TRAC.

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B2b	I am able to control my life.	Section F1 Question 2d, Page -17	I am able to control my life.	Enter the CDP DCI response for question 2d of Section F for question 2b in Section B in TRAC.
B2c	I am able to deal with crisis.	Section F1 Question 2e Page - 17	I am able to deal with crisis.	Enter the CDP DCI response for question 2e of Section F for question 2c in Section B in TRAC.
B2d	I am getting along with my family.	Section F1 Question 2b Page - 16	I am getting along with my family members.	Enter the CDP DCI response for question 2b of Section F for question 2d in Section B in TRAC.
B2e	I do well in social situations.	Section F1 Question 2f Page - 17	I do well in social situations.	Enter the CDP DCI response for question 2f of Section F for question 2e in Section B in TRAC.
B2f	I do well in school and/or work.	Section F1 Question 2a Page - 16	I do well in school and/or work.	Enter the CDP DCI response for question 2a of Section F for question 2f in Section B in TRAC.
B2g	My housing situation is satisfactory.	Section F1 Question 2g Page - 17	My housing situation is satisfactory.	Enter the CDP DCI response for question 2g of Section F for question 2g in Section B in TRAC.
B2h	My symptoms are not bothering me.	Section F1 Question 2h Page - 18	My symptoms are not bothering me.	Enter the CDP DCI response for question 2g of Section F for question 2g in Section B in TRAC.
B3	The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.	Section F1 Question 9 Page - 20	The following six questions (9a-9f) ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.	
B3a	During the past 30 days, about how often did you feel ...nervous?	Section F1 Question 9a Page - 20	During the past 30 days, about how often did you feel ...nervous?	Enter the CDP DCI response for question 9a of Section F for question 3a in Section B in TRAC.
B3b	During the past 30 days, about how often did you feel	Section F1 Question 9b	During the past 30 days, about how often did you feel	Enter the CDP DCI response for question 9b of Section F for

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	...hopeless?	Page - 20	...hopeless?	question 3b in Section B in TRAC.
B3c	During the past 30 days, about how often did you feel ... restless or fidgety?	Section F1 Question 9c Page - 20	During the past 30 days, about how often did you feel ...restless or fidgety?	Enter the CDP DCI response for question 9c of Section F for question 3c in Section B in TRAC.
B3d	During the past 30 days, about how often did you feel ... so depressed that nothing could cheer you up?	Section F1 Question 9d Page - 20	During the past 30 days, about how often did you feel ... so depressed that nothing could cheer you up?	Enter the CDP DCI response for question 9d of Section F for question 3d in Section B in TRAC.
B3e	During the past 30 days, about how often did you feel ... that everything was an effort??	Section F1 Question 9e Page - 20	During the past 30 days, about how often did you feel ... that everything was an effort??	Enter the CDP DCI response for question 9e of Section F for question 3e in Section B in TRAC.
B3f	During the past 30 days, about how often did you feel ...worthless?	Section F1 Question 9f Page - 20	During the past 30 days, about how often did you feel ...worthless?	Enter the CDP DCI response for question 9f of Section F for question 3f in Section B in TRAC.
B4	The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.	Section B Drug and Alcohol Use Question 5 Page 9-11	The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed. In the past 30 days, how many days have you used—	If CDP DCI Section B Question 4 is 0 then enter "Never" for TRAC drug questions B4 d-k.
B4a	In the past 30 days, how often have you used... tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	Section B Drug and Alcohol Use Question 6 Page -11	The following five questions (6a-6e) relate to your experience with tobacco or tobacco related products. In the past 30 days, how many days have you used—	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 6a-6d for question B4a in TRAC. • TRAC only has one question for all tobacco products. Enter the frequency of use based on the highest number of days

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				<p>from the CDP DCI.</p> <ul style="list-style-type: none"> For CDP DCI 6e, enter this in TRAC under “Other specify” and write in e-cigarettes. Please see Appendix C for specific response details.
B4b	In the past 30 days, how often have you used... b. alcoholic beverages (beer, wine, liquor, etc.)?	Section B Drug and Alcohol Use Question 1 Page - 9	In the past 30 days, how many days have you used alcoholic beverages?	<ul style="list-style-type: none"> Enter the CDP DCI response to question 1 for question B4b in TRAC. Please see Appendix C for specific response details.
B4b1 and B4b2	<p>In the past 30 days, how often have you used... <i>[IF B >= ONCE OR TWICE, AND RESPONDENT MALE]</i>, How many times in the past 30 days have you had five or more drinks in a day? <i>[CLARIFY IF NEEDED: A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)]</i>.</p> <p>In the past 30 days, how often have you used...<i>[IF B >= ONCE OR TWICE, AND RESPONDENT NOT MALE]</i>, How many times in the past 30 days have you had four or more drinks in a day? <i>[CLARIFY IF NEEDED: A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)]</i>.</p>	Section B Drug and Alcohol Use Question 2 Page - 9	<p>(If Male) In the past 30 days, how many days have you used alcohol to intoxication?</p> <p>(If Female) In the past 30 days, how many days have you used alcohol to intoxication?</p>	<ul style="list-style-type: none"> Enter the CDP DCI response to question 2 for question B4b1 or B4b2 in TRAC. Please see Appendix C for specific response details.
B4c	In the past 30 days, how often	Section B Drug and	Cannabis (marijuana, pot, grass,	<ul style="list-style-type: none"> Enter the CDP DCI response to

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	have you used... cannabis (marijuana, pot, grass, hash, etc.)?	Alcohol Use Question 5i, Page -11	hash, etc.)?	question 5i in TRAC for question B4c. <ul style="list-style-type: none"> • Please see Appendix C for specific response details.
B4d	In the past 30 days, how often have you used...cocaine (coke, crack, etc.)?	Section B Drug and Alcohol Use Question 5a Page - 10	Cocaine (coke, crack, etc.)?	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 5a in TRAC for question B4d. • Please see Appendix C for specific response details.
B4e	In the past 30 days, how often have you used...prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	Section B Drug and Alcohol Use Question 5b Page - 10	Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 5b in TRAC for question B4e. • Please see Appendix C for specific response details.
B4f	In the past 30 days, how often have you used...methamphetamine (speed, crystal meth, ice, etc.)?	Section B Drug and Alcohol Use Question 5c Page - 10	Methamphetamine (speed, crystal meth, ice, etc.)?	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 5c in TRAC for question B4f. • Please see Appendix C for specific response details.
B4g	In the past 30 days, how often have you used... inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	Section B Drug and Alcohol Use Question 5d Page - 10	Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 5d in TRAC for question B4g. • Please see Appendix C for specific response details.
B4h	In the past 30 days, how often have you used... sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	Section B Drug and Alcohol Use Question 5e Page - 10	Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<ul style="list-style-type: none"> • Enter the CDP DCI response to question 5e in TRAC for question B4h. • Please see Appendix C for specific response details.
B4i	In the past 30 days, how often	Section B Drug and	Hallucinogens (LSD, acid,	<ul style="list-style-type: none"> • Enter the CDP DCI response to

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	have you used... hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	Alcohol Use Question 5f, page -10	mushrooms, PCP, Special K, ecstasy, etc.)?	<p>question 5f in TRAC for question B4i.</p> <ul style="list-style-type: none"> Please see Appendix C for specific response details.
B4j	In the past 30 days, how often have you used... street opioids (heroin, opium, etc.)?	Section B Drug and Alcohol Use Question 5g Page - 10	Street opioids (heroin, opium, etc.)?	<ul style="list-style-type: none"> Enter the CDP DCI response to question 5g in TRAC for question B4j. Please see Appendix C for specific response details.
B4k	In the past 30 days, how often have you used... prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	Section B Drug and Alcohol Use Question 5h Page - 10	Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<ul style="list-style-type: none"> Enter the CDP DCI response to question 2 in TRAC for question B4k. Please see Appendix C for specific response details.
B4l	In the past 30 days, how often have you used... other – specify (e-cigarettes, etc.):	Section B Drug and Alcohol Use Question 5j Page - 11	Other? (SPECIFY):	<ul style="list-style-type: none"> Enter the CDP DCI response to question 5j in TRAC for question B4l. If there is a number of days for CDP DCI 6e, enter this in TRAC under “Other specify” and write e-cigarettes in the Specify field. Please see Appendix C for specific response details.
	Optional GAF date administered and score	N/A		Leave GAF date and score blank in TRAC
B Military Family and Deployment		Section A4		

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B5	Have you ever served in the Armed Forces, the Reserves, or the National Guard?	Section A4 Question 1a Page - 7	Have you ever served on active, reserve, or National Guard duty?	Enter the CDP DCI response from Question 1a into TRAC for Question B5.
B5 follow-up	[IF YES] In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.	Section A4 Question 1c Page -7	If you ever served on active, reserve, or National Guard duty, in which component did you serve?	Enter the CDP DCI response from Question 1c in TRAC for the follow-up question to B5.
B5a	Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?	Section A4 Question 1d Page - 7	If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?	<ul style="list-style-type: none"> • If “Active Duty” is selected for CDP DCI question 1d enter “Yes” for TRAC question 5a. • If “Separated” or “Retired” is selected for CDP DCI question 1d enter “No” for TRAC question 5a.
B5a follow-up	[IF YES] In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.	N/A		Enter “Missing” for the follow-up to B5a as the CDP DCI doesn’t have an exact corresponding question.
B5b	Have you ever been deployed to a combat zone?	Section A4 Question 1e Page - 8	If you ever served on active, reserve, or National Guard duty, have you ever been deployed to a combat zone?	<ul style="list-style-type: none"> • Enter the CDP DCI response for question 1e in TRAC for questions B5b. • If “Yes” to a combat zone, answer “Yes” to TRAC B5b and the corresponding combat zone follow-up

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				question.
B6	Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?	Section A4 Question 2a Page - 8	Is anyone in your immediate family currently serving as a member of one the branches of the United States uniformed services on active duty, reserve components or National Guard?	<ul style="list-style-type: none"> • Enter the CDP DCI response from question 2a in TRAC for question B6. • If 2a is answered yes in the CDP DCI tool select the appropriate TRAC yes response based on the number of people selected in the CDP DCI for question 2b. • For example, if only one response is selected in CDP DCI 2b, select “Yes, only one person” in TRAC. • If two or more responses are selected in CDP DCI question 2b, select “Yes, more than one person”, in TRAC B6.
Section B Violence and Trauma		Section F3 Violence and Trauma		
B7	Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?	Section F3 Question 1a Page - 24	In your life have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?	Enter the CDP DCI response to question 1a from Section F in TRAC for question 7 in Section B.
B8	Did any of these experiences feel	Section F3 Question 1c	Did any of these experiences feel	

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	so frightening, horrible, or upsetting that in the past and/or the present you:	Page - 24	so frightening, horrible, or upsetting that in the past and/or the present you:	
B8a	Have had nightmares about it or thought about it when you did not want to?	Section F3 Question 1c1 Page - 24	Have had nightmares about them or thought about them when you did not want to?	Enter the CDP DCI response to question 1c1 from Section F in TRAC for question 8a in Section B.
B8b	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Section F3 Question 1c2 Page - 24	Tried hard not to think about them or went out of your way to avoid situations that remind you of them?	Enter the CDP DCI response to question 1c2 from Section F in TRAC for question 8b in Section B.
B8c	Were constantly on guard, watchful, or easily startled?	Section F3 Question 1c3 Page - 24	Were constantly on guard, watchful, or easily startled?	Enter the CDP DCI response to question 1c3 from Section F in TRAC for question 8c in Section B.
B8d	Felt numb and detached from others, activities, or your surroundings?	Section F3 Question 1c4 Page - 25	Felt numb and detached from others, activities, or your surroundings?	Enter the CDP DCI response to question 1c4 from Section F in TRAC for question 8d in Section B.
B9	In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?	N/A	N/A	Enter missing for TRAC question B9 as there isn't a corresponding CDP DCI question.
Section C: Stability in Housing		Section C: Family and Housing		
C1a	In the past 30 days how many nights have you been homeless?	Section C Question 2 Page -12	In the past 30 days how many nights have you been homeless?	Enter the CDP DCI response for question 2 for Question C1a in TRAC.
C1b	In the past 30 days how nights have you spent in a hospital for mental health care?	Section F Question 6 Page - 19	In the past 30 days, how nights have you spent in a hospital for mental health care?	Enter the CDP DCI response for question 6 of Section F for question 1b in Section C in TRAC.
C1c	In the past 30 days how many	Section F Question 7	In the past 30 days, how many	Enter the CDP DCI response for

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	nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	Page - 20	nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	question 7 of Section F for question 1c in Section C in TRAC.
C1d	In the past 30 days how many times nights have you spent in correctional facility including jail, or prison?	N/A	N/A	Enter missing for question 2d in Section C in TRAC as there is not a corresponding CDP DCI question.
C1e	In the past 30 days how many times have you gone to an emergency room for a psychiatric or emotional problem?	Section F Question 8 Page - 20	In the past 30 days how many times have you gone to an emergency room for a psychiatric or emotional problem?	Enter the CDP DCI response for question 8 of Section F for question 2e in Section C in TRAC.
C2	In the past 30 days, where have you been living most of the time?	Section C Question 1 Page - 12	In the past 30 days, where have you been living most of the time?	<ul style="list-style-type: none"> Enter the CDP DCI response from question 1 for question C2 in TRAC. See Appendix D for specific housing response details.
Section D Education and Employment		Section D Education, Employment, and Income		
D1	Are you currently enrolled in school or a job training program? <i>[IF ENROLLED]</i> Is that full time or part time?	Section D Question 1a Page - 13	Are you currently enrolled in a school or job training program?	Enter the CDP DCI response for question 1a into TRAC for question D1.
D2	What is the highest level of education you have finished, whether or not you received a degree?	Section D Question 2 Page - 13	What is the highest level of education you have finished, whether or not you received a degree?	Enter the CDP DCI response for question 2 for question D2 in TRAC. For CDP response Bachelor's Degree (BA, BS) or higher select Bachelor's Degree (BA, BS) in

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				TRAC. Please note: The response choice of “Never attended” is only available on the TRAC child tool. For the TRAC adult tool this will need to be entered as “Less than 12 th grade”
D3	Are you currently employed?	Section D Question 3 Page - 14	Are you currently employed?	Enter the CDP DCI response for question 3 into TRAC for question D3. For CDP DCI response “Unemployed, looking for work-unemployed disabled” select “unemployed looking for work” in TRAC.
3a	Are you paid at or above the minimum wage ¹ ?	Section D Question 4 Page - 14	Are you paid at or above the minimum wage?	Enter the CDP DCI response for question 4 in TRAC for question 3a.
3a	Are your wages paid directly to you by your employer?	Section D Question 5 Page - 14	Are your wages paid directly to you by your employer?	Enter the CDP DCI response for question 4 in TRAC for question 3a.
3a	Could anyone have applied for this job?	Section D Question 6 Page -14	Could anyone have applied for this job?	Enter the CDP DCI response for question 4 in TRAC for question 3a.
Section E Crime and Criminal Justice Status		Section E Crime and Criminal Justice Status		
E1	In the past 30 days, how many times have you been arrested?	Section E Question 1 Page -15	In the past 30 days, how many times have you been arrested?	Enter the CDP DCI response for question 1 in TRAC for question E1.

¹ For information on Federal minimum wage go to <http://www.dol.gov/dol/topic/wages/>.

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Section F Perception of Care		None		
F1	In order to provide the best possible mental health and related services, we need to know what you think about the services you received <u>during the past 30 days</u> , the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.	N/A		Enter missing for TRAC questions F1a-n.
F1a	Staff here believe that I can grow, change and recover.			
F1b	I felt free to complain.			
F1c	I was given information about my rights.			
F1d	Staff encouraged me to take responsibility for how I live my life.			
F1e	Staff told me what side effects to watch out for.			
F1f	Staff respected my wishes about who is and who is not to be given information about my treatment.			
F1g	Staff were sensitive to my cultural background (race, religion, language, etc.).			
F1h	Staff helped me obtain the information I needed so that I could take charge of managing my			

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	illness.			
F1i	I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.).			
F1j	I felt comfortable asking questions about my treatment and medication.			
F1k	I, not staff, decided my treatment goals.			
F1l	I like the services I received here.			
F1m	If I had other choices, I would still get services from this agency.			
F1n	I would recommend this agency to a friend or family member.			
F2	[INDICATE WHO ADMINISTERED SECTION F - PERCEPTION OF CARE TO THE RESPONDENT FOR THIS INTERVIEW.]			Enter Other specify and N/A in the specify field for TRAC question F2.
Section G Social Connectedness		Section G Social Connectedness		
G1a	I am happy with the friendships I have.	Section G Question 1c Page -26	I am happy with the friendships I had.	Enter the CDP DCI response for question 1c for question 1a in TRAC.
G1b	I have people with whom I can do enjoyable things.	Section G Question 1a Page - 26	I had people with whom I did enjoyable things.	Enter the CDP DCI response for question 1a for question G1b in TRAC.
G1c	I feel I belong in my community.	Section G Question 1d Page - 26	I feel I belong in my community.	Enter the CDP DCI response for question 1d for question 1c in TRAC.

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G1d	In a crisis, I would have the support I need from family or friends.	Section G Question 1b Page - 26	In a crisis, I would have the support I need from family or friends.	Enter the CDP DCI response for question 1b for question 1d in TRAC.
Section I Reassessment Status		Section I Reassessment Status		
1	Have you or other grant staff had contact with the consumer within 90 days of the last encounter?	Section I Question 1 Page -28	Have you or other grant staff had contact with the consumer within 90 days of the last encounter?	Enter the CDP response for question 1 for question 1 in TRAC.
2	Is the consumer still receiving services from your project?	Section I Question 2 Page - 28	Is the client still receiving services from your program?	Enter the CDP response for question 2 for question 2 in TRAC.
Section J Discharge Status		Section J Discharge Status		
1	On what date was the consumer discharged?	Section J Question 1 Page - 30	On what date was the client discharged?	Enter the Month and Year of the CDP response for question 1 for question 1 in TRAC.
2	What is the consumer's discharge status?	Section J Question 3 Page -30	What is the client's discharge status?	<ul style="list-style-type: none"> Enter the CDP DCI response for question 3 for question 2 in TRAC. Enter Incarcerated in Other specify
Section K Services Received		Section K Services Received		
1	On what date did the consumer last receive services?	Section J Question 2 Page - 30	On what date did the client last receive services?	<ul style="list-style-type: none"> Enter the Month and Year of the CDP response for question 2 in Section J for question 1 of Section K in TRAC for Discharge records For Reassessment records, the CDP doesn't ask this question. Enter the missing

TRAC Section and Question Number	TRAC Question	CDP DCI Section and Question Number & Page number	CDP DCI Question	TRAC Data Entry Guidance
				date of 09/1869.
1-8 and 1-10	Services Received	Section K Question 1-7 Page - 32	Service Received	<ul style="list-style-type: none"> For any Service that has a number of days entered on the CDP DCI, select “Yes” in TRAC for the corresponding service. See Appendix E for question by question instructions.
9 and 11	Was the Consumer referred to another provider for any of the above core/support services?	N/A	N/A	Enter “unknown” in TRAC for questions 9 and 11.
Mental health frequency	Number of times ____ per	N/A	N/A	Enter “unknown” in TRAC for the follow-up question to 5, frequency of mental health services.

Appendix A

Missing Data codes

CDP Response Option	TRAC Corresponding Response Option
DECLINED	REFUSED
DON'T KNOW/INFORMATION NOT AVAILABLE	DON'T KNOW
DON'T KNOW/INFORMATION NOT AVAILABLE	MISSING if Don't know is not a response option in TRAC

Appendix B

Demographic: Race categories

CDP Race Category	TRAC Corresponding Category
White	White
Black or African American	Black or African American
American Indian	American Indian
Alaska Native	Alaska Native
Native Hawaiian	Native Hawaiian or other Pacific Islander
Guamanian or Chamorro	Native Hawaiian or other Pacific Islander
Samoan	Native Hawaiian or other Pacific Islander
Other Pacific Islander	Native Hawaiian or other Pacific Islander
Asian Indian	Asian
Chinese	Asian
Filipino	Native Hawaiian or other Pacific Islander
Japanese	Asian
Korean	Asian
Vietnamese	Asian
Other Asian	Asian
DECLINED	REFUSED
DON'T KNOW/INFORMATION NOT AVAILABLE	MISSING

Appendix C

Drug and Alcohol Use

CDP Response Option	TRAC Corresponding Response Option
0 days	Never
1 - 3 days	Once or Twice
4 - 10 days	Weekly
11-30 days	Daily or Almost Daily
DECLINED	REFUSED
DON'T KNOW/INFORMATION NOT AVAILABLE	DON'T KNOW
DON'T KNOW/INFORMATION NOT AVAILABLE	MISSING if Don't know is not a response option

Appendix D

Housing Response Options

CDP Response Option	TRAC Corresponding Response Option
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
Emergency shelter, including hotel or motel	OTHER HOUSED (SPECIFY)
Staying or living with family/friends (e.g., room, apartment or house)	SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
Transition Housing	TRANSITIONAL LIVING FACILITY
Substance abuse treatment facility or detox center	DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
Residential treatment (substance abuse or mental health)	DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
Therapeutic community or halfway house	GROUP HOME
Psychiatric hospital or other psychiatric facility	HOSPITAL (PSYCHIATRIC)
Long-term care facility or nursing home	NURSING HOME
Hospital or other residential non-psychiatric medical facility	HOSPITAL (MEDICAL)
Permanent supportive housing	OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
Foster care home or foster care group home	ADULT FOSTER CARE

Jail, prison, or juvenile detention facility	CORRECTIONAL FACILITY (JAIL/PRISON)
House rented by client	OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
House owned by client	OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
Other (SPECIFY):	OTHER HOUSED (SPECIFY)
DECLINED	REFUSED
DON'T KNOW/INFORMATION NOT AVAILABLE	DON'T KNOW

Appendix E

Services Received Guidance

CDP Question	TRAC Corresponding Question
2a. Screening	1. Screening
2e. Assessment	2. Assessment
2f. Treatment/Recovery Planning	3. Treatment Planning or Review
2k. Psycho-Pharmacological Interventions	4. Psychopharmacological Services
2m. Mental Health Services	5. Mental Health Services
2j. Co-Occurring Treatment/Recovery Services	6. Co-Occurring Services
1a. Case Management	7. Case Management
No corresponding CDP question Enter Unknown	8. Trauma-specific Services
3a. Medical Care	1. Medical Care
4c. Employment Service	2. Employment Services
4a. Family Services	3. Family Services
4b. Child Care	4. Child Care
4e. Transportation	5. Transportation
6. Education Services, a-c	6. Education Services
7b. Housing Support	7. Housing Support
7c. Alcohol- and Drug-free Social Activities	8. Social Recreational Activities
7a. Peer Coaching or Mentoring	9. Consumer Operated Services
3c. HIV/AIDS Medical Support & Testing	10. HIV Testing